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Ending female genital mutilation

Report of the Secretary-General

Summary

Pursuant to resolution 52/2 of the Commission on the Status of Women, the present report provides information on the measures taken by Member States and activities undertaken within the United Nations system to address female genital mutilation. The report concludes with recommendations for future action.

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I. Introduction

1. In its resolution 52/2[1] on ending female genital mutilation, the Commission on the Status of Women urged States to, inter alia, enact and enforce legislation to prohibit female genital mutilation, develop social and psychological support services and care, and take measures to improve health, in order to assist women and girls who are subjected to this violence. The resolution also called on States to develop, support and implement comprehensive and integrated strategies for the prevention of female genital mutilation; develop policies to ensure effective implementation of national legislative frameworks on eliminating discrimination and violence against girls, in particular female genital mutilation; and develop unified methods and standards for the collection of data on all forms of discrimination and violence against girls, especially forms that are underdocumented, such as female genital mutilation. The Commission on the Status of Women requested the Secretary-General to submit to it at its fifty-fourth session, in 2010, a report on the implementation of the resolution. The present report, submitted in accordance with that request, is based, inter alia, on information received from Member States and entities of the United Nations system and the International Organization for Migration (IOM), as well as on contributions by Member States to the Secretary-General's database on violence against women.[2] It covers the period since the last report to the Commission (E/CN.6/2008/3), up to 2 October 2009.[3]

II. Measures reported by Member States

2. As at 2 October 2009, 27 Member States had responded to the Secretary-General's request for information relating to the implementation of resolution 52/2 of the Commission on the Status of Women.[4] Information was provided on a range of measures taken to eliminate female genital mutilation, including strengthening legal and policy frameworks, reinforcing prevention action and support to victims and women at risk, and enhancing data collection and collaboration among different stakeholders at the bilateral and multilateral levels.

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[1] See E/CN.6/2008/11-E/2008/27.

[2] Contributions to the Secretary-General's database by the following States were used for the report: Austria, Côte d'Ivoire, Egypt, Eritrea, Ghana, Italy, Luxembourg, Portugal, Spain and the United Kingdom of Great Britain and Northern Ireland.

[3] This report uses the terminology "female genital mutilation", in accordance with resolution 52/2 of the Commission on the Status of Women. Some United Nations agencies use the term "female genital mutilation/cutting" wherein the additional term "cutting" is intended to reflect the importance of using non-judgemental terminology in the context of practising communities. Both terms emphasize the fact that the practice is a violation of girls' and women's human rights.

[4] Replies were received from Australia, Austria, Belgium, Canada, Chile, Colombia, the Czech Republic, Denmark, Djibouti, Ecuador, Egypt, Finland, Germany, Ghana, Italy, Jamaica, Lebanon, Malta, Mauritania, the Republic of Moldova, Serbia, Slovakia, the Sudan, Sweden, Switzerland, Turkmenistan and Yemen.

A. International instruments[5] and national legislation

3. All of the reporting Member States, except for one, are party to the Convention on the Elimination of All Forms of Discrimination against Women, and all reporting Member States are party to the Convention on the Rights of the Child, the two international treaties referred to in paragraph 1 of resolution 52/2. In accordance with this international framework, States parties are required to enact laws and policies to address female genital mutilation. Reference was also made by some Member States to their adherence to regional legal instruments that contain provisions on the elimination of female genital mutilation, including the African Charter on the Rights and Welfare of the Child, which entered into force in 1999, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which entered into force in 2005.[6]

4. A comprehensive legal framework that prohibits female genital mutilation and provides prevention measures and support for victims and women at risk is crucial. Some States have included specific provisions on the elimination of harmful practices in their constitutions (Ghana, the Sudan). Many States have criminalized female genital mutilation (Austria, Belgium, Canada, Côte d'Ivoire, Denmark, Djibouti, Egypt, Eritrea, Ghana, Italy, Luxembourg, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland). Increasingly, States have expanded definitions and classified different types of female genital mutilation in their criminal laws (Denmark, Djibouti, Ghana). In many States, laws prohibit removing a child from the place where she lives for the purpose of performing female genital mutilation in another country, even if the practice is legal in the country of destination (Australia, Austria, Canada, Denmark, Italy, Spain, Sweden, United Kingdom). Penalties vary from country to country and include fines and imprisonment, with average prison terms ranging between one and four years, and longer sentences in cases of female genital mutilation committed against minors and/or resulting in death. In some countries, female genital mutilation could be subsumed under other offences, such as aggravated assault and criminal bodily injury (Australia, the Czech Republic, Finland, Malta, Mauritania, Switzerland). Ghana reported that there had been an increase in reporting offenders to the police following an amendment to the criminal code and public awareness campaigns.

5. In a number of States, it is illegal to aid, abet, counsel, promote and/or procure the carrying out of female genital mutilation (Austria, Belgium, Djibouti, Eritrea, Italy, Spain, the United Kingdom). In Djibouti, article 333 of the penal code provides that individuals with knowledge of a woman or girl at risk of undergoing female genital mutilation who do not report the threat or incident to the authorities can be held liable. Medical practitioners may be banned from practising medicine for a number of years and/or have their medical accreditation revoked if they perform female genital mutilation (Austria, Canada, Djibouti, Egypt, Italy, the Sudan, Yemen).

6. States have adopted different laws to protect and support women and girls subjected to or at risk of female genital mutilation. In Australia, Canada, Finland, Sweden and Switzerland, child protection and/or social services laws contain

[5] Information in this section is taken from Government submissions and the multilateral treaties website of the Office of Legal Affairs.

[6] Both treaties available from www.africa-union.org/root/au/Documents/Treaties/treaties.htm.

provisions on mandatory reporting when there is reason to believe a girl is at risk of or has already been subjected to female genital mutilation. A number of States recognize female genital mutilation for the purposes of asylum laws, including Australia, Canada and the Czech Republic. In Djibouti, article 7 of the penal code was amended to allow civil society organizations that work towards the elimination of female genital mutilation to act on behalf of victims in a court of law.

7. Italy has adopted a law which criminalizes female genital mutilation and mandated a range of prevention activities, including information campaigns, training programmes and the creation of anti-violence centres that can host women who want to escape female genital mutilation, as a part of development cooperation programmes. The Sudan is in the process of considering a draft law to prohibit female genital mutilation and establish prevention measures.

B. National action plans, strategies and coordination mechanisms

8. National action plans on eliminating female genital mutilation offer a framework for the development, implementation, monitoring and evaluation of comprehensive and coordinated strategies. National action plans on female genital mutilation and/or national plans of action on violence against women which address female genital mutilation are in place in an increasing number of countries, including Australia, Djibouti, Egypt, Eritrea, Finland, Ghana, Italy, Mauritania, Sweden and Yemen. They commonly include measures to prevent female genital mutilation, implement laws, systematize data collection and analysis on the prevalence of female genital mutilation, and promote cooperation among different actors involved in addressing the issue. Some countries have indicators in place to monitor and evaluate the implementation of national plans (Djibouti, Egypt, Yemen). States, including Colombia, Djibouti, Germany, Italy, Mauritania and Yemen, have established inter-ministerial and multisectoral working groups, national committees and/or commissions dedicated to the coordination and implementation of efforts aimed at the elimination of female genital mutilation. Ghana, the Sudan and Yemen indicated that insufficient funding for programmes, plans and strategies for the elimination of female genital mutilation posed a challenge to implementation.

9. Some countries, including Austria, Belgium, Portugal and the Sudan, are in the process of developing national action plans or strategies on the elimination and prevention of female genital mutilation. The Sudan, for example, reported that a national strategy had been proposed for ending female genital mutilation within a generation.

10. States address female genital mutilation in national plans related to other issues. In Austria, Côte d'Ivoire, Denmark, Germany, the Sudan and Yemen, national action plans and programmes on children and youth, gender equality, women's human rights, sustainable development, social integration of migrants, health and education set out a number of actions to eliminate female genital mutilation.

C. Prevention measures and support for victims and women at risk

11. Prevention is a core component of any strategy to end female genital mutilation. States emphasized the importance of continuing to work in cooperation

with communities that practise female genital mutilation, including migrant communities, and continuing to develop strategic partnerships with United Nations entities, non-governmental organizations, the private sector, community and faith-based organizations, media organizations and other actors (Austria, Australia, Belgium, Canada, Colombia, Denmark, Djibouti, Egypt, Italy, Finland, Germany, Ghana, Mauritania, Spain, the Sudan, Sweden, Switzerland, Yemen). Awareness-raising and information campaigns and programmes on the prohibition of female genital mutilation, the detrimental effects on the health and well-being of women and girls and on the human rights of women and girls, have been carried out through a range of different media, such as television, radio, films, websites, public performances, debates and plays. Guidelines, brochures and factsheets in electronic and print formats are becoming increasingly available. In Djibouti, a number of advocacy and sensitization efforts have been directed at traditional circumcisers. In Côte d'Ivoire and the Sudan, Government bodies, United Nations entities and local and international voluntary associations have undertaken awareness-raising programmes aimed at preventing female genital mutilation in refugee and displaced person camps. States, including Djibouti, Germany and Yemen, have organized and supported national conferences, round-table discussions, seminars and workshops to foster dialogue and debate on prevention strategies. In many countries, there are non-governmental organizations dedicated to the prevention of female genital mutilation at the national level (Austria, Belgium, Djibouti, Egypt, Finland, Germany, Ghana, Mauritania, Sweden, Switzerland, Yemen).

12. States recognize that the formal education system is a key forum for educating and raising awareness about female genital mutilation and have included information in school curricula on the benefits of abandonment of female genital mutilation and the promotion of women's human rights (Austria, Belgium, Egypt, Ghana, Italy, the Sudan). Teachers are being trained on how to address and intervene in cases of girls at risk (Austria, Italy, the Sudan). Training programmes for health-care providers and students and staff of medical and nursing schools have been put in place, focusing on their duties under the laws in place and health issues related to female genital mutilation (Australia, Denmark, Djibouti, Egypt, Germany, Italy the Sudan). Training programmes for Government officials, such as judges, prosecutors, police and immigration officials, have increased and cover a range of topics, including women's human rights and guidance on the implementation of legal and policy frameworks to prevent and prohibit female genital mutilation (Australia, Belgium, Denmark, Djibouti, Egypt Italy, the Sudan).

13. An increasing number of public officials, including Heads of State and first ladies, parliamentarians and ministers, are providing leadership through public statements condemning female genital mutilation and calling for abandonment (Belgium, Djibouti, Ghana, Italy). Faith-based and interfaith organizations and institutions and religious leaders in some States, including Djibouti, Egypt, Ghana, Mauritania, the Sudan, Sweden and Yemen, have delivered advocacy messages in support of national initiatives on the prohibition and prevention of female genital mutilation.

14. A number of Member States reported on measures to protect and assist women and girls at risk of female genital mutilation (Australia, Austria, Belgium, Canada, Denmark, Djibouti, Egypt, Italy, Finland, Ghana, Mauritania, the Sudan, Sweden, Switzerland, Yemen). Hotlines in several countries provide information to families on the psychological and medical consequences of female genital mutilation and/or

take calls concerning women and girls at risk who need protection. In a number of countries, including Belgium and Ghana, non-governmental organizations have developed crisis intervention programmes to assist women and girls at risk, often in cooperation with or funded by the Government. Specialized emergency protection services for girl children at risk of female genital mutilation are in place in an increasing number of countries, including Australia, Belgium, Egypt, Finland, Ghana, Germany, the Sudan and Sweden. Some countries, including Australia, Belgium and Canada, have granted asylum to women and girls at risk of female genital mutilation and/or extended protection through special visa categories.

15. A number of countries reported on counselling services, support groups and/or sexual and reproductive health programmes for women and girls who have undergone female genital mutilation (Australia, Austria, Belgium, Canada, Denmark, Djibouti, Egypt, Finland, Germany, Ghana, Italy, Mauritania, the Sudan, Sweden, Switzerland, Yemen). These services also focus on prevention and abandonment of female genital mutilation in respect of daughters and relatives of the victims. In Italy, prenatal courses for pregnant women who have undergone female genital mutilation are offered.

D. Data collection and research

16. Availability of better data is critical for informed legal and policy development to address and eliminate female genital mutilation. Member States indicated that information is gathered through a variety of sources, such as national censuses, national health or crime surveys, information on hospital discharge cards and statistics on the demand for support services. In Egypt, a chapter of the 2005 Demographic Health Survey was devoted to female circumcision. The Sudan reported that although the results of the national health survey showed that the rate of female genital mutilation had dropped, 53 per cent of mothers responded that they intended to circumcise their daughters and this information was used to strengthen prevention efforts. Some countries, including Australia, Canada, Finland, Ghana, Italy, Sweden and Switzerland, reported that accurate statistical information on the prevalence of female genital mutilation at the national level was not available.

17. Given the importance of a strong knowledge base for effective action, States are facilitating, commissioning and/or funding research studies focusing on different aspects, including prevalence and public perceptions of female genital mutilation (Australia, Austria, Djibouti, Egypt, Ghana, Italy, Mauritania, Yemen). Djibouti, Ghana, Mauritania, the Sudan and Yemen referred to studies that showed a decrease in the national prevalence of female genital mutilation but indicated that it was still widely practised in specific communities and regions. Yemen also reported that a recent study showed that prevalence in urban centres was high and that men supported the practice more than women. Studies on the negative effects of female genital mutilation on women's health have also been carried out (Australia, Austria).

E. Bilateral, regional and international cooperation

18. Many States cooperate in and/or support bilateral and/or multilateral programmes and projects on the elimination of female genital mutilation, together

with other States, United Nations entities, regional bodies and non-governmental organizations (Australia, Austria, Belgium, Canada, Denmark, Djibouti, Egypt, Finland, Germany, Ghana, Italy, the Sudan, Sweden, Switzerland, Yemen). These projects often focus on legal reform, prevention efforts, including awareness-raising and training efforts, enhancing assistance and protection for women and girls at risk, exchange of information on good practices and conducting studies on the prevalence of the practice. Many countries reported that their national development agencies promoted and supported national efforts for the elimination and abandonment of female genital mutilation in the context of development cooperation initiatives (Australia, Canada, Finland, Germany, Sweden, Switzerland). A number of countries, including Austria, Germany, Italy and Sweden, are part of a donors' working group on female genital mutilation/cutting.

19. States, including Djibouti, Egypt, Ghana, the Sudan and Yemen, have strengthened regional cooperation and/or participated in meetings aimed at exchanging good practices and information on prevalence and trends. Egypt, for example, hosted a conference in 2008 on legal tools to address female genital mutilation. National machineries, line ministries, parliamentarians and civil society organizations in Africa and Europe have participated in regional and subregional meetings on female genital mutilation.

III. Activities undertaken within the United Nations system

20. United Nations intergovernmental and expert bodies continue to address female genital mutilation as a form of violence and a human rights violation. Entities of the United Nations system and IOM undertake analysis, studies and initiatives in support of national efforts to eliminate female genital mutilation. As at 2 October 2009, 10 entities of the United Nations system[7] and IOM had responded to the Secretary-General's request for information.

A. Global legal and policy developments

21. Legal and policy development continued through resolutions and recommendations adopted by United Nations intergovernmental and expert bodies. The General Assembly, at its sixty-third session, adopted resolution 63/155 on eliminating violence against women in which the Assembly urged States to review, amend or abolish all practices and customs that discriminate against women or have a discriminatory impact on women. At its sixty-second session, the Assembly adopted resolution 62/140 on the girl child, in which it urged States to enact and enforce legislation to protect girls from female genital mutilation, and also urged States and the international community, the relevant United Nations entities and civil society to continue to actively support targeted innovative programmes that address ending female genital mutilation. The Commission on the Status of Women

[7] Economic and Social Commission for Western Asia, Joint United Nations Programme on HIV/AIDS, Office of the United Nations High Commissioner for Human Rights, Office of the United Nations High Commissioner for Refugees, United Nations Children's Fund, United Nations Development Fund for Women, United Nations Development Programme, United Nations Population Fund, United Nations Volunteers programme and World Health Organization.

adopted resolutions 51/2 and 52/2 on ending female genital mutilation at its fifty-first (2007) and fifty-second (2008) sessions respectively. In those resolutions, the Commission recognized that female genital mutilation violates, and impairs or nullifies the enjoyment of the human rights of women and girls and constitutes a serious threat to the health of women and girls. They urged States to condemn all harmful traditional practices, including female genital mutilation and called upon States to strengthen advocacy and awareness-raising efforts and to develop policies, protocols and rules towards the elimination of such practices. In its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child, adopted at its fifty-first session, the Commission urged Governments to develop and implement national legislation and policies prohibiting harmful customary practices or traditional practices, particularly female genital mutilation, and to prosecute the perpetrators of such practices.

22. The Human Rights Council adopted resolution 7/29 on the rights of the child in which it called upon States to eliminate all forms of discrimination against women and girls, including female genital mutilation, by enacting and enforcing legislation and formulating comprehensive, multidisciplinary and coordinated national plans, strategies and programmes protecting girls. The Working Group on the Universal Periodic Review of the Human Rights Council issued several recommendations on ending female genital mutilation to countries under review. The Working Group recommended that Governments prohibit female genital mutilation,[8] ensure that existing laws prohibiting female genital mutilation are reviewed and enforced throughout the countries concerned,[9] and share best practices with other countries regarding its elimination.[10]

23. Special Rapporteurs of the Human Rights Council devoted attention to and made recommendations on the elimination of female genital mutilation. The Special Rapporteur on violence against women, its causes and consequences has continuously addressed the issue, including in her dialogue with Governments and in the context of country visits.[11] In his 2008 report, the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment stated that female genital mutilation fell within his mandate and elaborated on the issue.[12] Female genital mutilation has been the subject of a number of individual complaints and urgent appeals sent to United Nations Special Rapporteurs.

24. Treaty bodies continued to address female genital mutilation in their concluding observations to States parties.[13] While welcoming the efforts of some States towards the eradication of female genital mutilation, through, for example,

[8] See for example, A/HRC/12/13, recommendation No. 63.

[9] See for example, A/HRC/8/39, recommendation No. 18.

[10] See for example, A/HRC/10/80, recommendation No. 11.

[11] See for example, E/CN.4/2002/83, A/HRC/7/6/Add.3 and A/HRC/4/34/Add.3.

[12] See A/HRC/7/3, paras. 50-55.

[13] See concluding observations of the Committee on the Elimination of Discrimination against Women (www2.ohchr.org/english/bodies/cedaw/sessions.htm); the Committee on Economic, Social and Cultural Rights (www2.ohchr.org/english/bodies/cescr/sessions.htm); the Committee on Migrant Workers (www2.ohchr.org/english/bodies/cmw/sessions.htm); the Committee on the Rights of the Child (www2.ohchr.org/english/bodies/crc/sessions.htm); the Human Rights Committee (www2.ohchr.org/english/bodies/hrc/sessions.htm); the Committee against Torture (www2.ohchr.org/english/bodies/cat/sessions.htm); and the Committee on the Elimination of Racial Discrimination (www2.ohchr.org/english/bodies/cerd/sessions.htm).

the adoption of laws and awareness-raising efforts, treaty bodies continued to express their deep concern about the persistence and high incidence of the practice.[14] They also expressed their concern about discrimination faced by women on the basis of sex on the one hand, and on the basis of race, colour, descent, and national and ethnic origin on the other, in relation to the persistence of female genital mutilation.[15] They called upon States parties to develop strategies towards the eradication of female genital mutilation including: adopting or amending legislation that criminalizes all female genital mutilation;[16] developing and/or implementing a plan of action that addresses female genital mutilation;[17] providing incentives and support to families who refuse to subject their girls to female genital mutilation;[18] strengthening awareness-raising and education efforts, targeted at both men and women, with the support of civil society and religious leaders, in order to eliminate the practice of female genital mutilation and its underlying cultural and religious justifications;[19] training the police, prosecutors and judges on the strict application of laws prohibiting female genital mutilation;[20] ensuring that all perpetrators are prosecuted and adequately punished;[21] and devising programmes for alternative sources of income for those who perform female genital mutilation as a means of livelihood.[22]

B. Initiatives by United Nations entities and the International Organization for Migration in support of national efforts

1. Inter-agency statement

25. In 2008, 10 United Nations organizations, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM), the United Nations Development Programme (UNDP), the Economic Commission for Africa (ECA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), adopted the statement: *Eliminating female genital mutilation: an inter-agency statement*. The statement calls on States, international and national organizations, civil society and communities to develop, strengthen, and support specific and concrete actions directed towards ending female genital mutilation within one generation.

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[14] See for example CAT/C/TCD/CO/1, para. 30; CCPR/C/TZA/CO/4, para. 11; CEDAW/C/SLE/CO/5, paras. 22-23; CEDAW/C/GIN/CO/6, paras. 24-25; and CEDAW/C/CMR/CO/3, paras. 28-29.

[15] See CERD/C/ETH/CO/15, para. 21.

[16] See for example E/C.12/KEN/CO/1, para. 23; CEDAW/C/KEN/CO/6, para. 24; CEDAW/C/MRT/CO/1, para. 28; and CCPR/C/TZA/CO/4, para. 11.

[17] See for example CEDAW/C/IDN/CO/5, para. 21; and CRC/C/ERI/CO/3, para. 61.

[18] See for example CRC/C/MRT/CO/2, para. 62.

[19] See for example CEDAW/C/CMR/CO/3, para. 29; and CEDAW/C/SLE/CO/5, para. 23.

[20] See for example E/C.12/KEN/CO/1, para. 23.

[21] See for example CEDAW/C/IDN/CO/5, para. 21; CEDAW/C/SLE/CO/5, para. 23; and CEDAW/C/GIN/CO/6, para. 25.

[22] See for example CEDAW/C/CMR/CO/3, para. 29; CEDAW/C/SLE/CO/5, para. 23; CEDAW/C/GIN/CO/6, para. 25; CRC/C/SLE/CO/2, para. 58; and CRC/C/DJI/CO/2, para. 56.

2. Support for legislative and policy development

26. Entities of the United Nations have continued to collaborate with national authorities to support the adoption, improvement and implementation of laws, national action plans and other policies on the elimination of female genital mutilation (IOM, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO). Technical assistance projects in Burkina Faso, Cameroon, Djibouti, Egypt, Guinea, Kenya, Senegal and the Sudan have promoted legal and policy frameworks that prohibit female genital mutilation, provide prevention measures and mandate support and assistance for the women and girls affected, including adequate health care and social and psychological services. In 2009, UNHCR published a guidance note on the treatment of claims for refugee status relating to female genital mutilation.[23] IOM has supported the development of national action plans on the elimination of female genital mutilation in Austria, Finland, Italy and Portugal. Studies have been conducted on the effectiveness of legislation, including a study by UNFPA in respect of the prohibition of female genital mutilation/cutting in Kenya.

27. United Nations entities have assisted States to develop and strengthen national mechanisms for the implementation, monitoring and accountability of national plans and laws on ending female genital mutilation. They have provided assistance in the development of a common programmatic approach to foster partnerships and coordination among all levels of Government and to promote the involvement of multiple sectors. WHO continued to work with professional associations, including the International Federation of Gynaecology and Obstetrics, to condemn the medicalization of female genital mutilation. IOM was part of a Commission set up by the Ministry of Health of Italy to elaborate guidelines on female genital mutilation for health-care providers.

28. The Division for the Advancement of Women of the Department of Economic and Social Affairs and the United Nations Office on Drugs and Crime organized an expert group meeting in May 2008 in Austria, at which a model framework for legislation on violence against women was developed.[24] The framework is intended to assist States in enhancing existing and developing new legislation on violence against women. The framework will be supplemented with recommendations in relation to female genital mutilation and other forms of violence against women, based on the outcome of an expert group meeting on legislation to address harmful practices, convened by the Division for the Advancement of Women in collaboration with ECA. The Division for the Advancement of Women will publish a handbook on legislation on violence against women, based on the results of the two expert group meetings.

3. Prevention, advocacy and assistance to victims and women and girls at risk

29. United Nations entities are developing effective strategies to achieve abandonment of female genital mutilation, including through engagement in and support for a wide range of prevention action, such as awareness-raising, capacity-building, training, advocacy and media campaigns in various sectors, including health and education (IOM, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, the United Nations Volunteers programme (UNV) and WHO). These

[23] See www.unhcr.org/refworld/pdfid/4a0c28492.pdf.

[24] See www.un.org/womenwatch/daw/vaw/v-handbook.htm.

activities are often carried out in partnership with Governments, other intergovernmental organizations, and non-governmental organizations. In the Gambia, UNFPA supported an initiative aimed at contributing to the elimination of female genital mutilation by sensitizing practioners and allowing them to publicly renounce the practice, while being supported with alternative income-generating options. In the Sudan, UNFPA, UNV and other stakeholders launched a pilot project that capitalized on voluntarism and local action to help combat female genital mutilation through awareness-raising and education. The number of activities undertaken by United Nations entities every year, in commemoration of the international day of zero tolerance for female genital mutilation on 6 February, is increasing. IOM carried out awareness-raising activities among Government and civil society stakeholders in Austria, Finland, Italy, Portugal and Switzerland. UNHCR conducted awareness-raising activities on female genital mutilation in refugee camps in Chad, Djibouti, Egypt, Eritrea, Ethiopia, Kenya and Yemen.

30. Approaches to working with communities to eliminate female genital mutilation have been strengthened, with a particular focus on abandonment. UNICEF reported that the recognition that female genital mutilation/cutting functions as a self-enforcing social convention or social norm has led to innovative programming, which has resulted in declared abandonment of the practice by communities in the Gambia, Guinea, Kenya, Mali, Niger and the Sudan. The UNFPA-UNICEF joint programme on "Female genital mutilation/cutting: accelerating change", launched in 2008, involves high-level Government officials, networks of parliamentarians, religious leaders, non-governmental organizations, civil society and the media to advocate for the abandonment of female genital mutilation. It is currently supporting action in 12 countries in Africa (Burkina Faso, Djibouti, Egypt, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Kenya, Senegal, Somalia, the Sudan, Uganda). Part of these efforts include counselling for women and girls who have undergone female genital mutilation, while advocating for alternative rites of passage for at-risk girls. IOM has entered into a partnership with non-governmental organizations in Africa to replicate, in Europe, abandonment strategies that have proven to be successful in Africa. UNDP, UNV and the National Council for Childhood and Motherhood of Egypt have jointly facilitated programmes for the promotion of abandonment of female genital mutilation in villages where it is prevalent.

31. United Nations entities have supported a range of training initiatives. WHO developed a training course on female genital mutilation for health-care providers that is based on a systematic review of available evidence, tools and guidelines and uses clips of clinical situations as well as counselling to demonstrate good practices. UNICEF supported the establishment of a regional media task force to strengthen the capacity of non-governmental organizations in Burkina Faso, Egypt, the Gambia, Kenya, Mali, Senegal, the Sudan and the United Republic of Tanzania to utilize the media as a tool to stimulate dialogue on female genital mutilation. Through pre-departure cultural orientation courses, IOM has advocated against female genital mutilation among groups preparing to resettle in other countries. UNHCR has supported training for health practioners on how to respond to female genital mutilation and vocational skills training for former practitioners in refugee camps.

32. United Nations entities have focused efforts on ensuring that victims and women and girls at risk have access to services and support. UNFPA, for example,

supports treatment of and care for women and girls suffering from immediate and long-term complications from female genital mutilation. IOM has been involved in the training of health professionals, birth attendants, teachers, childcare professionals, police officers and others on ways to identify victims and girls at risk and identify the steps to be taken to provide them with appropriate social and health care. UNAIDS has supported catalytic programming on violence against women which includes action to address female genital mutilation in Mali and Guinea-Bissau. In Kenya, UNFPA supports the treatment of and care for women and girls suffering from immediate or long-term complications and counselling to women and girls at risk, while advocating for alternative rites of passage. WHO runs a project focused on improving birthing care for women who have been subjected to female genital mutilation.

4. Conferences and meetings

33. A number of conferences and meetings addressing various aspects of strategies and actions on ending female genital mutilation have been organized by United Nations entities, including the Division for the Advancement of Women, UNIFEM, UNFPA and WHO, working through partnerships with Governments, non-governmental organizations and other actors. For example, in July 2009, UNFPA, UNICEF and WHO jointly organized a technical consultation in Kenya on the medicalization of female genital mutilation, which brought together representatives from six countries, United Nations entities and non-governmental organizations to develop a global strategy for galvanizing the support of medical professionals and personnel towards the abandonment of female genital mutilation. UNIFEM has supported the organization of meetings to address the practice of cross-border female genital mutilation, including a conference in October 2008 in Burkina Faso among senior decision makers and experts from Benin, Côte d'Ivoire, Ghana, Guinea, Mali, Niger and Togo.

5. Data collection, studies and other resources

34. United Nations entities support the increased availability of data and knowledge on female genital mutilation. These efforts include studies and informational resources on prevalence, health consequences and strategies for elimination, as well as a more systematic and coordinated approach to compiling and sharing experiences and good practices that have led to the abandonment of female genital mutilation.

35. UNICEF, UNFPA and WHO have supported data collection in many countries and commissioned studies to better estimate the number of women and girls who have undergone female genital mutilation, and have used the data collected to analyse trends. IOM has produced an information sheet on "Supporting the abandonment of female genital mutilation in the context of migration".[25] UNICEF undertook a multi-country study into the social dynamics of abandonment of harmful practices which has contributed to programme and policy design within countries. WHO sponsored studies in Egypt and Senegal on local perceptions of women's sexuality and female genital mutilation, as well as a research initiative on successful community-based interventions in Burkina Faso, the Gambia, Senegal and the Sudan. IOM and UNIFEM continue to sponsor efforts on the collection and

[25] See www.iom.int/jahia/webdav/shared/shared/mainsite/projects/documents/fgm_infosheet.pdf.

analysis of information on the cross-border practice of female genital mutilation. UNFPA published the technical report of its Global Consultation on Female Genital Mutilation/Cutting. The Economic and Social Commission for Western Asia (ESCWA) included a section on a holistic approach to eliminating female genital mutilation in its 2009 publication on women and health in the ESCWA region.

36. In March 2009, the database of the Secretary-General on violence against women was launched during the fifty-third session of the Commission on the Status of Women.[26] The Division for the Advancement of Women functions as the secretariat managing the database which contains information on measures undertaken by Member States to address violence against women, including female genital mutilation, such as the development of legal frameworks, policies and programmes, services for victims, data and statistics, and promising practices. The database is envisioned as a tool for sharing good practices and initiatives to prevent and eliminate violence against women.

IV. Conclusions and recommendations

37. **Actions have been taken at the national, regional and international levels to end female genital mutilation. Efforts have been made to strengthen national legal and policy frameworks, enhance prevention and protection measures and facilitate coordination and cooperation at all levels. Female genital mutilation is prohibited by criminal law in many States. States are increasingly introducing measures for prevention and protection. Many States carry out a range of prevention measures, including educational programmes, training and information and awareness campaigns.**

38. **Despite these developments and an increasing focus on abandonment of female genital mutilation, the prevalence of the practice remains a cause for concern. A comprehensive, coordinated, coherent approach to achieving abandonment worldwide is required, involving a range of actors.**

39. **States should continue to ratify and implement international instruments. Comprehensive legal frameworks should be put in place, prohibiting female genital mutilation, providing prevention measures, protection and support for women and girls who have been subjected to female genital mutilation and for those at risk, and providing for effective implementation, including funding. States should ensure that all types of female genital mutilation are prohibited and that female genital mutilation is condemned whether committed within or outside of a medical institution. Effective sanctions should be put in place to discourage health professionals from performing female genital mutilation, and to ensure that all relevant professionals, including those in schools and health and social services, are duty-bound to report cases of female genital mutilation and cases in which they believe girls or women are at risk. Mechanisms should be put in place to assess the effectiveness of relevant legislation in the elimination of female genital mutilation.**

40. **States should ensure that national action plans and strategies on the elimination of female genital mutilation are comprehensive and multidisciplinary in scope, incorporate clear targets and indicators, provide for**

[26] See www.un.org/esa/vawdatabase.

ongoing monitoring and impact assessment and ensure coordination among all stakeholders. Coordination mechanisms should continue to be strengthened. States should ensure that resources are allocated for the implementation of all plans and strategies aimed at eliminating female genital mutilation.

41. **Prevention must continue as a key element in all efforts to end female genital mutilation. A wide range of prevention initiatives should be included in all strategies and programmes on ending the practice. Educational programmes and information and awareness campaigns should be continued and strengthened. The integral role of communities in the abandonment of female genital mutilation should be recognized and community-based abandonment initiatives supported. Women's human rights should be incorporated in educational curricula and specific information provided on female genital mutilation and its impact on girls' lives. The collection and sharing of good practices in prevention and abandonment of female genital mutilation should be reinforced.**

42. **Training programmes for public officials, including police and immigration officials and judicial personnel, should be strengthened. Health professionals should be trained on ways and means to identify and appropriately treat women and girls who have been subjected to female genital mutilation. Training should be provided to religious and traditional leaders to encourage and support them to promote women's human rights and denounce female genital mutilation. States should support the re-training of traditional practitioners of female genital mutilation in alternative income-generating activities.**

43. **Protection and support for victims of female genital mutilation and women and girls at risk should be incorporated in legislation, policies and programmes to address the issue. Victims should be provided with a range of services, including psychological, social assistance and health services to ensure recovery from trauma and prevention of serious health conditions. Specialized shelter services should be available for women and girls at risk of female genital mutilation. Data collection and analysis, including on prevalence, attitudes and behaviour surrounding female genital mutilation, should be strengthened and made more systematic. Qualitative research should be intensified to facilitate improved understanding and more effective strategies to eliminate female genital mutilation.**